

# LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,  
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ"

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No. 6.

J. W. HOLLAND, A. M., M. D., . . . . . } Editors.  
H. A. COTTELL, M. D., . . . . . }

## SPONGE-GRAFTING.

The art of medicine has been built up by slow accretions of empirical observations. The chances of reaching a valuable conclusion by reasoning from principles alone are so few that the wisest practitioners use their reason chiefly to explain their observations, and not to guide them far in any new procedures.

Much attention has been of late turned to a surgical improvement that can be viewed as the simple result of a logical process starting from histological studies. "Sponge-grafting" is the name given to the operation of introducing aseptic pieces of sponge into granulating wounds, with the intention of creating a fuller growth of tissue than would otherwise ensue. It seems to be well settled that the interstices are penetrated with vascular loops and newly-formed tissue, while gradually the sponge structure is broken down and absorbed. The sponge is a sort of framework or scaffolding for supporting the climbing capillaries until they construct something more permanent and useful. Without this engineering device the workers would be forced to build lower and less perfectly-formed structures than are desirable.

A paper giving the details of experiments appeared in the Edinburgh Medical Journal for November, 1881, though Dr. Hamilton's views leading up to them were first published in the Journal of Anatomy and Physiology during 1879. He holds that by ex-

periment he has established the fact that the blood-vessels of a granulating surface are not new formations, but are simply the old superficial capillaries thrown into the position of granulation-loops by the unre-sisted impulse of the heart's action. In the course of investigating this view his attention was drawn to the likeness shown by the process of vascularization as seen in granulating surfaces, and as it takes place while fibrinous exudation and blood-clot are undergoing organization. He conceived that the clot and the lymph were but temporary aids or dead matter till they gave place to fibrous or cicatricial tissue, and that their penetration by vascular loops is due to displacement of the neighboring capillaries. To test this idea he thought that any dead porous animal structure might be substituted for the clot or lymph. He selected sponge properly prepared by dissolving out the siliceous and calcareous salts with dilute nitromuriatic acid, subsequently washing with liq. potassæ, then with water, and finally made aseptic by steeping in a one-to-twenty solution of carbolic acid. In the treatment of an ulcer presumably syphilitic, circular, five inches in diameter, and from one half to three quarters of an inch in depth, several pieces were used to fill up the opening accurately. Antiseptic dressings and a bandage were applied and absolute rest imposed upon the limb. For six months the patient took potass. iodide regularly, and without removal of the sponges the wound was dressed daily. She then exhibited to the Medico-Chirurgical Society a superficial healthy suppurating surface about an inch and a half in diameter, and not a trace of the sponges.



This experiment proves that the pores become filled with leucocytes and fibrin, while from the surrounding tissue capillaries enter and aid in forming the cicatrix; ultimately the sponge disappears before the organized lining tissue. It was also demonstrated to Dr. Hamilton's satisfaction that the putrescent condition which destroys a blood-clot does not affect the firmer texture of the sponge. In practice it is necessary that the foreign body should be of such porosity that all its canals freely communicate.

Sponge seems perfectly adapted to the requirement, but when the prevention of ordinary cicatricial tissue is sought a more solid framework, like charcoal or calcined bone, must be employed. By antiseptic precautions he claims that calcined bone or charcoal may be used without injury in the formation of bone. None of these media should be forced between structures not already separated by a vacuity, else inflammation will arise.

The author sees an objection in the long time required to organize it, but thinks that after the sponge is once well fixed, exercise, if practicable, would assist in the healing by its benefits to the general health.

### Original.

#### THE "ESSENTIALS" OF A LAW TO REGULATE THE PRACTICE OF MEDICINE IN INDIANA.

BY THAD. M. STEVENS, M.D.\*

At the session of the Indiana State Medical Society, May, 1878, the writer introduced a resolution, which was adopted by the society, looking to the appointment of a committee to draft a bill to regulate the practice of medicine in Indiana. That committee was formed and a draft of a bill for the regulation of the practice of medicine has been before each session of the General Assembly since that time. The object remains unaccomplished, but the resolution of those who are earnestly in favor of having some step taken in this direction remains

unbroken, and we consider that in a short time a good law will be enacted. The committee\* appointed by the last Indiana State Medical Society meeting to draft a bill relative to this subject will soon meet to consider it, and for the purpose of having our minds refreshed upon certain points I offer the following thoughts and suggestions to this society:

1. The term "regulate the practice of medicine" is variously applied by different individuals. To some the term means having a diploma; many of them concede that such diploma should be issued by a reputable medical college; and many consider that the true test of the reputability of a medical college is whether it is a member and has received the sanction of that self-constituted body named the Medical College Association. We have nothing to say as to such a body or organization, at least no adverse criticism to offer, but as we consider the premises upon which the term to "regulate the practice" is based as false, so we regard the conclusion erroneous. Other physicians, again, consider that the proper application of the term "regulate the practice" to be the decapitation of all present incompetent practitioners, while the future accessions to the ranks are to be "sifted" by a rigid examination as to their literary and general scientific knowledge as well as their proficiency in the various branches of the science and art of medicine.

2. Still another class as honest as the last regard it as sufficient "regulation of the practice" that free competition should be the "fan" that should separate the "wheat from the chaff," and regards success in gaining and holding a practice as the true test of capability and worth—regarding education as good, no doubt, but "horse-sense" and business tact as paramount to all else, not only as a mark of quality but also as being to the true interest of the sick.

That there is truth in the views of all these classes we have no doubt. We think that while all such different views may be, under various circumstances and surroundings, true and practicable, still we believe that each class contains points that are at the present time and in this State impracticable, impolitic, and unsound. Let us see if we can not formulate any thing better or at least more applicable to the situation. Class 1 wishes each person who enters the practice hereafter

\* Read before the Mitchell (Ind.) District Medical Society, in New Albany, December 28, 1881.

\*The committee appointed by the State Medical Society is as follows: Thad. M. Stevens, Indianapolis; George Sutton, Aurora; William Lomax, Marion, Grant Co.; J. W. Compton, Evansville; J. L. Wooden, Greensburg.

to possess a *diploma*. Let us adopt *that* idea. Class 2 desires a free competition—no prescribed rules to govern. Such we find the profession in Indiana today. There are no rules or laws governing the admission of any one to the ranks. Each has a chance, and either intrinsic worth, persistency, or luck is relied upon for success. Let us permit it to remain so with those *already engaged* in the *practice*. We are and have been under the same rules. Those who are *now engaged* in the practice have entered at the wide-open door; they have broken no law. Shall we now make the law retrospective and punish for what was done in ignorance? Let us adopt *this idea* of free competition as regards *all* who are *now* in practice as physicians or accoucheurs. Many are disposed to adopt this rule with all who have been in practice for five or ten years, while those who have practiced for a shorter period must be examined. Is there any justice in this? We think not. Both may be equally learned or ignorant; therefore both should either be examined or permitted to escape. The true principle being that in *all*, whether in practice for a greater or less length of time, are *equally ignorant* of any breach of law; if the liberty of *one* is touched that of *all* must be affected. No other rule is just, therefore no other rule will hold.

Class 3 desires a rigid examination, especially of those entering hereafter, both as to preliminary qualification before commencing the study and of proficiency in the various branches of medical study. This is what *ought* to be. All should be *wise*, as all should be *good*; but the question might be asked, "What is wisdom?" (in this relationship), as well as "What is the good?" But if a true standard could be found by which we could be safely guided, then comes another question, "Is it practical at this time in this State?" We trust we are not faint-hearted or fearful of undertaking a campaign simply because it is *difficult*; but one may maneuver—taking time and circumstances into consideration—and accomplish a better end than if he stormed at the frowning battlement or sought to chain the raging sea.

Suppose we specify the following principles on which a law to "regulate the practice in Indiana" might be based.

1. That up to the time the law shall be in force all persons who practice as physicians or accoucheurs are to be left, as they are now, free to practice or not, as they are inclined, without an examination or other restriction.

2. That *after* the law is in force it shall provide that none enter the practice as physician or accoucheur unless he or she shall possess a diploma from a reputable medical college, the reputability of such college to be determined as hereafter mentioned, and that they shall also possess a certificate showing a satisfactory examination before a board of examiners.

3. There shall be a separate board of examiners for each "school" of medicine that has an organized State association, and that shall have within the State of Indiana at least one college teaching the doctrine held by such "school" of medicine.

4. The reputability of any medical college within or out of the State that issues a diploma, which is held by the applicant for examination shall be shown to the satisfaction of the board of examiners before whom the applicant shall appear for such examination.

These are the essential points. All else are "twinings" or "leather and prunella."

In a bill for such a law these principles should be shortly and plainly set forth, together with the proper penalties for neglect or refusal to comply with the requirements thereof. A form for a certificate to be issued by the board of examiners to each applicant having a diploma passing a successful examination should be given. This and nothing more, unless it be thought advisable to divide the State into districts, and, for convenience to the profession and applicants, have a board of examiners for each "school" in each of such districts. Not more than two additional sections would be needed for this last object.

As to this last plan—viz. having the State divided into several districts—we confess to be favorably impressed with it:

*First*—The various boards would have better supervision of the few seeking to settle in their district than *one* board for the State would have over all seeking to practice within her bounds.

*Second*—It would be more *convenient* both for the boards and for the applicant; for in the case of *one* board for the whole State (for each "school") either the applicant would have to transport himself to such board or the latter to the applicant. This might be in many cases disagreeable. We hold that each "school" of medicine should not only have the privilege of passing on the qualifications of applicants for admission to practice according to the teaching of such "school," but insist that the responsibility of admitting

such applicant should be assumed by each "school" separately. Indeed the "*Code of Ethics*" of the American Medical Association by explicit provisions compel such separate "boards" of examiners, as we see by Article I of the Code, which reads as follows in the first section, speaking upon the duties of physicians to each other and to the profession at large: "It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice an exclusive or irregular system of medicine."\*

Let us look at the objections to several such boards.

1. That if there is a board for each "school," and one such in each of seven or nine districts of the State, it appears upon paper as though such boards were too numerous for the number of the profession.

In viewing this objection we must remember, however, that the plan of having numerous boards organized—such as commissioners for each county, trustees for each township, etc. throughout the State—prevails at present and is regarded as essential, a central State organization being inadequate to properly manage affairs in the various sections of the State. With such a precedent well supported and sustained by experience we can see no force in the objection named as to seven or nine boards of examiners.

The intelligent medical profession of Indiana, without regard to "schools" or "issues," must continue in their efforts to properly "regulate the practice" by legal enactments. Free competition will be a failure. With the first qualification for entries into the arena should be the degree of knowledge and proficiency satisfactory in some degree at least to the quick perception of the competition of the applicant. It is not needed at the present time or in this State that a collegiate or classical education should be made the qualification needed, but each should certainly possess a fair quantity of knowledge of the fundamental branches embraced in the term "English education," and also that they should be satisfactorily qualified in the elements of medical science. That the possession of a *diploma* from a medical college is not in many cases a true test of qualification can not with success be dis-

puted. We shall not discuss that point here, only observing that while we consider the possession of such diploma absolutely necessary, we regard it containing not *more* than *prima facie* evidence, such as can be and often is easily controverted, and such as *should* be in all cases confirmed by an examination conducted by a board of intelligent physicians, none of whom have any connection with a medical college.

In Illinois and some other States the State board of health was constituted the board of examiners for those desiring to enter the profession, and we notice that Ohio has a proposed bill for a law creating a State board of health, who shall be the board to examine applicants for like purpose. We have labored for years to have a State board of health organized in Indiana, and have succeeded. We have also labored to have a proper board or boards to examine applicants for admission to the practice of medicine, and hope and expect to see the work accomplished; but from the first we consider it improper to have the health board and the examining board mixed the one with the other. The one has the supervision of the lives and health of the people of the State in the matter of *preventing disease*; the other, the supervision of such life and health in the matter of relieving and returning, if possible, to a healthy standard those already afflicted. While the two objects seem to be, and in one respect are, clearly connected, still the work is great enough and dissimilar enough to employ and demand the attention of different corps of men, and their efforts should not be hampered or embarrassed by having two objects mixed.

The medical profession of Indiana have started right. They have been successful in their efforts to have the machinery put in motion to prevent disease. The same energy and perseverance which have brought success in this particular will bring success as fully and effectually in "regulating the practice." When that object is gained we shall have one more grand and crowning effort to make in trying to have proper means of accommodations provided the citizens of the State for reception and treatment of all who when sick wish, either from choice or necessity, to take advantage of the privilege offered. Indiana is rapidly climbing to the apex of medical eminence. When the three objects spoken of in this paper are properly attained she will have come as near the summit as any of her sister States.

INDIANAPOLIS.

\*Adopted at the Session of 1881.



## Correspondence.

## NEW YORK LETTER.

*Editors Louisville Medical News:*

A few days ago I was at the University College and heard Prof. Hammond, who lectures on mental diseases. He had for his subject onanism, or self-abuse. He read some three or four letters selected from a dozen or more lately received pertaining to that subject. One party stated that he was a young man engaged to be married to an excellent young lady, but on account of his habit of masturbation he was so excitable and nervous that often in the presence of ladies he suffered seminal discharge, and on this account was fearful that getting married would prove disastrous. He wanted advice and treatment for this trouble. The matter had so preyed on his mind as to produce various nervous symptoms—neuralgia, melancholia, dyspepsia, etc. Another correspondent said he had practiced self-abuse for several years, and was suffering very much from debility, involuntary discharges of semen, especially in dreams of a lascivious character. He had become quite despondent, and at times felt like committing suicide, which he thinks he will do if he fails to obtain relief. The third suffered about the same symptoms from the same cause, but did not state that he either wanted to marry or kill himself. He wished to know by what means he could get relief from his mental and physical suffering.

Prof. H. remarked that he read these letters to show the mental effect that this habit frequently produced, and that the most of it was imagination on the part of the subjects. He argued that the practice of this abuse was not or should not be more injurious to the general health than the same amount of coition; that if this habit was practiced only once a week it would not affect the health either mentally or physically any more injuriously than if coition was practiced that often. In fact he thought that either would prove salutary if practiced occasionally. He seemed to wish to convey the idea that the greater part of the mental anxiety under which most persons of adult age who practiced this habit labored is the result of evil prognostications given out by irregular practitioners or charlatans. It is to be observed in half of the quack advertisements that this youthful habit is spoken of as not only vicious but destructive of general health; but

at the same time they tell of its pernicious effects both mentally and physically they hold out to the victims a panacea that will not only cure them of their present ills but guarantee them for the future.

The Professor went so far as to say that it did not make a particle of difference so far as the general health of the individual was concerned whether he deposited his semen in a vagina or a tin cup. This was, as will be observed by some readers, a rather coarse way of stating the subject, to say the least.

Now the question arises, can this view of the matter be correct? If it is it differs from most observations on the subject. It has been for a long period regarded by most writers as not only a debasing habit, but if practiced for a considerable length of time very injurious to the mental faculties particularly, brought about from depression or weakening of the nervous forces. It may be said truthfully that excessive coition may have the same effect, but, I think, to not near such a degree. I believe if the demoralizing habit of onanism in either the male or female is practiced for any great while it will sooner or later involve the nervous system to a very deleterious extent, bringing on all the symptoms delineated in the letters read by Prof. H., besides in some cases suicidal tendencies. I do not believe that this state of mental trouble depends on what the quacks say in their advertisements as much as it does on the debasing habit itself. The victim must at times be brought to a state of reflection, wherein he sees himself a demoralized and brutish being, and this picture being kept in view tends to distress the mind until he becomes almost a mental wreck. Impotence is undoubtedly a frequent result of the practice of onanism; and this one condition, if the patient attempts coition, will have a very depressing influence upon his mind. The subject of this habit almost always suffers from pains in the loins and back, and through reflex action may become dyspeptic, constipated, and have neuralgia in different localities. It is not uncommon to see victims of this habit with pallid faces and flabby muscles, and as a general thing nervously excitable. They seem to be suspicious of you, perhaps afraid you may suspect them as being guilty of this practice. I would suppose as long as the victim of this habit can produce entire erection there is hope that he may be restored to health and sexual vigor; but the first indication of cure of course would be cessation of the practice. The fact that a patient

of this kind is able to bring about erection in the act of onanism does not prove that he would not be impotent were he to attempt coition.

Now in a case of this kind what would be the proper remedy? I think marrying a virtuous woman of not too much passion would be the best treatment, together with nerve-tonics, nutritious diet, etc. Upon the whole I can not but think Prof. Hammond took a wrong view of the evil tendencies of this demoralizing habit, and am fearful that its influence on his young hearers may be pernicious.

T. B. G., M.D.

NEW YORK, Jan'y 10, 1882.

## Reviews.

**The International Encyclopedia of Surgery: A SYSTEMATIC TREATISE ON THE THEORY AND PRACTICE OF SURGERY BY AUTHORS OF VARIOUS NATIONS.** Edited by JNO. ASHHURST, JR., M.D., Professor of Clinical Surgery in the University of Pennsylvania. In six volumes, royal octavo. New York: Wm. Wood & Co. 1881.

This first volume, which contains articles on inflammation, erysipelas, pyemia, rickets, scurvy, scrofula, tubercle, tumors, and such other subjects as may be properly classed under the head of general surgery, together with articles upon the general principles of surgical diagnosis, on operative, minor, and plastic surgery, on anesthetics, upon shock and traumatic delirium, and on amputations, is profusely illustrated with three full-page plates lithographed in colors, and nearly two hundred fine wood engravings.

The writers who contribute to this volume are all well known. Among the best-known names are Stricker, Van Buren, Stillé, Delafield, J. Lewis Smith, Wales, Verneuil, D. H. Agnew, Hunt, Lyman, Brinton, and J. Ashhurst, jr.

The foundation for the complete work is laid strongly in this royal octavo of seven hundred and two pages. The range of subjects given above denotes how exhaustive will be the treatment of surgical science in the succeeding volumes.

Better representatives of the thinkers of the day could not be found. The reader feels assured that discrimination and learning are both enlisted in his behalf. Stricker rejects the teachings of Cohnheim and takes a stand curiously like that of the old master Virchow. In his view pus is not exuded leucocytes, but metamorphosed tissue-elements. Van Buren is at once profound and pleas-

ing in his dealing with inflammation from the practical point of view.

But it is hardly worth while to multiply compliments further. Every one is fully satisfied as to the authoritative character of the contributors to this book. It stands as a great milestone to mark the progress of surgery up to date. The expectations that have been excited by the announcements will not be disappointed in any detail.

The binding is strong, the paper excellent, the presswork faultless.

**A Manual of Organic Materia Medica.** By JNO. M. MAISCH, Phar. D., Professor of Materia Medica and Botany in Philadelphia College of Pharmacy. Pp. 441. Philadelphia: H. C. Lea's Son & Co. 1881.

This is a concise handbook intended more for students and pharmacists than for physicians. It is very brief in the medical relations of drugs—too much so to serve as a guide to the doctor, though it may satisfy a need of the pharmacist in reflecting the latest knowledge upon this subject from the point of view of an eminent teacher of this branch of science. Drugs are grouped according to their physical and structural properties, so as the better to compare them and determine the characteristics of each.

## Books and Pamphlets.

**ILLUSTRATIONS OF DISSECTIONS (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1882).** In a series of original colored plates representing the Dissections of the Human Body, with descriptive letterpress. By George V. Ellis, Professor of Anatomy in University College, London, and G. H. Ford, Esq. The drawings are from nature by Mr. Ford, from directions by Prof. Ellis. In two volumes, containing fifty-eight full-page lithographic plates in colors. Vol. I. New York: Wm. Wood & Co. 1881.

**SYMPATHETIC DISEASES OF THE EYE (WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1882).** By Ludwig Mauthner, M.D., Royal Professor in the University of Vienna. Translated from the German by Warren Webster, M.D., Surgeon United States Army, and James A. Spalding, M.D., Member of the American Ophthalmological Society, Ophthalmic Surgeon to the Maine General Hospital. Price, \$2. New York: Wm. Wood & Co.

A comprehensive monograph on one of the most important topics in ophthalmology. No special treatise on sympathetic ophthalmia has hitherto appeared in the English language. The author, a well-known specialist of Vienna, has here collected and analyzed all the most interesting cases published in modern literature, and added the results of his own rich ex-

perience in the pathology and treatment of sympathetic diseases of the eye. It is a 12mo volume of two hundred and forty pages, printed on fine, heavy paper, and bound in extra muslin.

THE CYCLOPEDIA OF PRACTICAL QUOTATIONS. Compiled by Mr. J. K. Hoyt and Miss Anna L. Ward. Price, \$5. New York: I. K. Funk & Co.

"It is a most valuable adjunct to the reading-table and writing-desk. It is elaborately and judiciously prepared, with systematic arrangement and index that reflect great credit upon the compilers. It is not only a very useful book, but a most attractive one, tempting the user to long and delightful excursions through its nine hundred pages." So says Dr. Howard Crosby, and we heartily indorse the opinion.

What it is materially can only be indicated, and that imperfectly, by an enumeration of its contents, which we proceed to make. There are quotations, in verse and prose, from English writers of all periods, classified and arranged in alphabetical order, to which are added unclassified quotations arranged under the names of their authors also in alphabetical order. There are quotations from the classical Latin authors; proverbs and mottoes in various languages, ancient and modern; Latin law terms and phrases in common use, and ecclesiastical terms and definitions. The names of authors quoted, and the dates of their birth and death, occupy fifteen pages; there are seven pages of topical indices of English and Latin subjects, two hundred and eighteen pages of a concordance to English quotations, and twenty-five pages of a concordance to English translations of the Latin.

## Formulary.

### OIL OF SASSAFRAS IN SPECIFIC LARYNGITIS.

C. S. Webster, M.D. (Therapeutic Gazette) cites a case of the above in which the following secured excellent results:

Oil of sassafras..... fl. ʒj; 4.00 fl.Gm.;  
Pure glycerin..... fl. ʒij; 60.00 fl.Gm.

Mix, make sol. Sig. A teaspoonful every three hours.

Quinine and appropriate alterative remedies were also employed for the specific cachexia; but a rapid and extensive ulceration, with great expectoration and a sense of impending suffocation, seemed to yield to the sassafras treatment in the course of forty-eight hours. Great comfort was experienced and the cure was complete.

### EARACHE.

For earache, which nearly always depends upon acute inflammation of the tympanic membrane, Dr. Wharton Jones advises the application of leeches behind the ear and the administration of hydrarg. cum creta and belladonna. This, followed by hot fomentations, will secure most desirable results, relieving the excruciating pain and forestalling in many cases permanent deafness.

### IODOFORM SUBCUTANEOUSLY IN SYPHILIS.

Dr. E. Thomann, of Graz (Glasgow Med. Journal), treats recent cases of syphilis, in which the eruption on the skin and the engorgement of the glands are well marked, with iodoform subcutaneously administered. His prescription is as follows:

Iodoform..... 6 parts;  
Glycerin..... 20 "

Inject four minims (0.3 fl.Gm.), gradually increasing the dose to twelve minims (0.75 fl.Gm.). Iodine may be detected in the urine in two hours after the first injection; but the smell of iodoform is not to be perceived in the breath, perspiration, or urine. No constitutional disturbances are apparent, and the temperature and pulse are not affected. After ten or a dozen injections great improvement in all the symptoms has been noted.

### MERCURY HYPODERMICALLY IN SYPHILIS.

The use of mercury through hypodermic injections by Dr. Youn under the following formula has done good service:

Iodide of mercury.... } gr. xv; 1.00 Gm.;  
Iodide of potassium.. }  
Phosphate of soda, tri-  
basic..... ʒss; 2.00 Gm.;  
Distilled water..... fl. ʒ xvjss; 61.00 c. c.

This solution is not coagulated by albumen. Dr. Mathles has made eight hundred and fifty injections without accident, twenty-five or thirty being sufficient to restore health.

### CAPSICUM IN UTERINE HEMORRHAGES.

M. Cheron reports the treatment, with success, of hemorrhages by Dr. Ategre. From his investigations he considers capsicum particularly adapted to the utero-ovarian, respiratory, and the encephalic integuments. He has employed it many years in uterine hemorrhages with the best success, whether the hemorrhage proceed from fibrous tumors, fungous endometritis, or epithelioma.

The formulæ are the following: Pulv. capsicum, 5.00 Gm. (77.16 grs.) in thirty pills; one pill before each meal, or six in twenty-four hours. The aqueous extract or tincture of capsicum with rum or gum julep also answers.

He has also employed capsicum to overcome, and with success, cephalalgia of the congestive form, so frequent among arthritics, and in the hemorrhages from tubercles.—*Jour. de Therap.*

### TREATMENT OF PHAGADENIC CHANCRE.

1. Absolute repose, severe regime, laxative drinks, daily baths of two hours, local baths, poultices with charpie soaked in infusion of marshmallow.

2. After complete subsidence of the inflammatory symptoms, washes of nitrate of silver, fifteen grains to one ounce distilled water. If this solution seems too irritating, it is diluted.

There are still two local remedies little less beneficial than nitrate of silver, viz. potassio-tartrate of iron and iodoform. If these fail, it is necessary to fall back on caustics.—*L'Union Med.*

BOVINE-VIRUS LYMPH dissolves with difficulty. To make a point effective, wet it and rub up the dried virus with a lancet before applying.

## Lectures.

### THE SYMPTOMATOLOGY OF ABDOMINAL DISEASES.

Part of a Clinical Lecture.

BY FRED. T. ROBERTS, M.D., B.Sc., F.R.C.P.

Symptoms obviously connected with a particular organ may be due not to any disease in itself, but to disease affecting some other organ or structure within the abdomen which may be of a very grave nature. . . . Indeed it may be stated that organic disease of certain organs, as of the pancreas, is commonly recognized, not by any clinical signs directly referable to such organ, but by those associated with neighboring structures. Jaundice may be said, as a rule, not to be due to any thing wrong with the liver itself; gastric and intestinal symptoms are very often dependent on diseases in other organs; and the same remark applies to a less degree to urinary symptoms. The obvious lesson from these facts is that you must not carelessly refer symptoms connected with an organ to disease of that organ, or jump at the conclusion that such disease exists. From a want of due consideration of this matter I have known several most serious errors in diagnosis committed.

Abdominal symptoms may arise outside the seat of actual disease, in the following ways:

1. By mere *contiguity*. Structures which are in contact with each other are liable to cause mutual irritation, and thus may excite symptoms. We have recently had a case in the hospital in which a mass of glands so irritated the stomach as to cause very troublesome vomiting. I recollect an interesting case in which there were such severe gastric symptoms that ulcer of the stomach was diagnosed; but at the post-mortem examination it was found that the transverse colon was ulcerated, and had become adherent to the stomach, the interior of this viscus being quite healthy. The contiguity of the pelvic organs often accounts for symptoms in this region external to the seat of disease.

2. By *mechanical pressure and obstruction*. While these conditions are liable to cause actual organic lesions they also frequently produce mere symptoms, at any rate for a time. Thus the pancreas may cause jaundice by obstructing the bile-duct; or gastric symptoms by pressing upon the stomach or its pyloric orifice, or upon the duodenum. An enlarged organ or tumor tends to interfere with any structure in its vicinity. It must also be borne in mind that organs are sometimes displaced, and may thus mechanically originate symptoms at a point more or less distant from their normal seat.

3. By the anatomical arrangement of *blood-vessels*. This is best illustrated by diseases of the liver, the symptoms of which when present are most frequently due to obstruction of the portal circulation. Not only is ascites thus caused, but prominent symptoms often occur in connection with the stomach and intestines, on account of the congestion of these structures that is induced. Indeed I have known a case where these symptoms were so severe and grave, with urgent vomiting and hemorrhage, but without ascites, that the liver was entirely overlooked, and the diagnosis of malignant disease of the alimentary canal was arrived at; yet the post-mortem revealed that the case was one of extreme cirrhosis.

4. By *disordered secretions and functions*. When certain secretions or excretions are abnormal in quantity or quality they are often the cause of symptoms beyond their source. For instance, deficiency of bile, and perhaps of pancreatic juice, frequently accounts for constipation and other intestinal symptoms. Excessive quantity or irritable quality of the bile may probably excite bilious vomiting or diarrhea; and the pancreatic juice has been made answerable for some cases of pyrosis and diarrhea. Disorders affecting the functions of the stomach, secretory and motor, certainly have an important influence in originating intestinal symptoms, for if the food is rapidly propelled out of the stomach, or if the products of imperfect digestion reach the intestines, disturbances are very likely to be produced here. Abnormal conditions of the urine, as regards quantity or quality, often set up symptoms connected with the bladder or urethra as it passes over the surface of the mucous membrane, quite independent of any disease in these parts.

5. By the *physiological relations of organs or nervous influence*. Undoubtedly, thus is explained, in some instances the occurrence of abdominal symptoms away from the seat of actual disease. The different parts of the digestive organs may be mutually affected in this way. Uterine and ovarian diseases or disorders are frequently credited with originating symptoms by their physiological relations to organs, or through some reflex nervous influence. At any rate symptoms are often associated with these conditions, which seem to have no other explanation. We speak of organs being affected by sympathy, and this arises through the agency of the nervous system.

6. By altering the *blood*. This may be illustrated by the occurrence of vomiting or diarrhea as phenomena of uremia due to renal disease.—*Med. Times and Gazette*.

## Miscellany.

**SPONGE-GRAFTING.**—The Edinburgh Medical Journal for November contains an article of very great interest, by Dr. D. J. Hamilton, describing some experiments in "sponge-grafting." Pieces of very fine sponge, from which the siliceous and calcareous salts had been dissolved by dilute nitro-hydrochloric acid, the excess of acid removed by soaking in solution of potash and the sponge purified by prolonged treatment with carbolic acid solution (five-per-cent), were inserted into wounds in men and into serous cavities and intermuscular spaces in animals. Wounds thus treated were protected by careful antiseptic measures. It was then noticed that the sponge became adherent to the edges of the wound, and that its edges became indistinct and gradually melted down into the living tissues; soon, when pricked, the sponge bled, though it was not at all sensitive; and ultimately it became completely organized and skinned over. In the peritoneal cavity the sponge underwent the same



changes, quickly becoming adherent to the viscera, infiltrated with lymph, vascularized, and organized. A careful microscopical examination of the sponge at different periods gave the following results: The earliest change was a filling of the spaces of the sponge with fibrinous lymph; into this lymph loops of blood-vessels and cellular or organizing lymph passed from the surrounding living tissues; before this the fibrinous material readily broke down and disappeared. The sponge-tissue proper, the walls of the spaces, gradually but very slowly melted down, large multi-nucleated cells being seen adhering to the spongy framework, although Dr. Hamilton did not obtain any direct evidence of their absorbent action. These investigations carry us further along a certain line than any others, and they appear to give a finishing blow to the old-received theory of the irritant action of foreign bodies *per se*. This statement, perhaps, requires to be qualified by the reservation in favor of animal foreign matters. We have been familiarized with this fact in regard to catgut, silk, and blood-clot, but nevertheless its illustration in relation to sponge is such a development of the truth that at first sight it appears to be almost a new discovery. It remains to be seen how far this fact is applicable to practical surgery; the process seems to be slow, but it has the immense advantage of being unattended with the contraction that attends the natural healing of large wounds, and after the excision of large tumors or the separation of sloughs it may be that it will afford the best means of securing satisfactory healing.—*London Lancet*.

**REMOVAL OF UTERINE APPENDAGES FOR THE ARREST OF UTERINE HEMORRHAGE.**—In the American Journal of Med. Sciences for January, 1882, there is an elaborate and interesting paper on this subject, by Mr. Lawson Tait, of Birmingham, in which he advocates in the strongest terms the removal of the uterine appendages for intractable uterine hemorrhage. He reports thirty-one cases, in four of which death occurred, while in all the others there was either complete arrest of the hemorrhage or marked improvement with the exception of one case, in which he operated for hemorrhage due to malignant disease, a mistake sure to occur occasionally in the most experienced hands. In most of the cases ergot and potassium salts had been used without benefit.

In these cases Mr. Tait apparently demonstrates that as far as its primary results are

concerned removal of the uterine appendages for the arrest of intractable uterine hemorrhage is an operation which is quite as easily justified as any of the major operations of surgery, and that as far as its secondary results are yet known, it is an operation which yields abundant encouragement for its further trial.

As conclusions which are indicated, but not wholly proved, the statement may be formulated that removal of the ovaries alone is not sufficient to arrest menstruation, but that removal of both tubes and ovaries does at once arrest it. As far as some of these cases have gone the arrest would seem to be permanent. This conclusion is quite in harmony with what is known of removal of both ovaries for large cystomata, for in such cases the tubes are almost uniformly included in the clamp or ligature and menstruation is arrested. Three at least of the cases, and probably two others, show that the arrest of menstruation by this means leads or may lead to the atrophy of the tumors.

Finally there is some close connection, here pointed out it is believed for the first time and worthy of very clear study, between uterine myoma and its accompanying hemorrhages and cystic disease of the ovaries. In two of the cases the cystic disease seemed to be the cause of the hemorrhage without any myoma intervening.

Another important point to which attention is drawn by Mr. Tait, and one which deserves close study, is that menstruation and sexual feeling may persist even after the removal of both ovaries; a point which if correct would invalidate a reproach which is often urged—one which may be merely sentimental in view of the advantages gained—as to its implying the unsexing of the patient.

**TOTAL EXTIRPATION OF UTERUS THROUGH THE VAGINA.**—This important operation is one of the latest conquests of modern—that is to say, antiseptic—surgery; and it is believed that statistics of future operations will give even a higher rate of success than twenty-four per cent, as shown by the cases as yet reported. In the American Journal of Med. Sciences for January, 1882, there is a valuable paper on this operation, by Christian Fenger, M.D., of Chicago, with the report of a successful case. The case was one of cylindrical- and multiform-celled carcinoma of the cervix and lower half of the fundus of the uterus of over eight months' standing, in a woman of forty years of age.



There was enlargement of the fundus, but no tangible infiltration of the broad ligaments, bladder, rectum, or vagina; total extirpation was accomplished through the vagina with complete recovery from the operation.

Malignant growths of the uterus have thus far been the only indications for the vaginal extirpation of that organ. Comparing the statistics of the abdominal with those of the vaginal operation, it is safe to say that whenever the total removal of the organ is indicated, and this can be done through the vagina, the latter method is shown by Dr. Fenger to be preferable to the operation by abdominal section.

As regards the control of hemorrhage from the broad ligament in total extirpation, Fenger agrees with Billroth, Mikulicz, and Schroeder, that the ligature *en masse* is the safest and the most easily accomplished. His method of treating the peritoneal wound is in accord with Czerny, and Martin, as opposed to the practice of Billroth, Mikulicz, and Schroeder, in that he closes the wound throughout its entire extent as carefully as possible, while he lays great stress on the value of permanent irrigation as contrasted with drainage-tubes, particularly when the bladder or rectum has been opened. He also describes a modified form of Mikulicz's irrigator, which offers considerable advantages.

**THE ACTION OF SALICYLIC ACID ON BLOOD-CELLS AND UPON AMEBOID MOVEMENTS AND MIGRATION.**—It was shown by Dr. T. Mitchell Prudden, in the January number of the *American Journal of Med. Sciences* for 1882, that dilute carbolic acid possesses an inhibitory power over the ameboid movements and the capacity for emigration of the white blood-cells; and it was suggested as extremely probable, therefore, that a part of the favorable action of carbolic acid in the healing of wounds, at least in so far as the prevention of undue suppuration is concerned, is owing to the reduced activity of the white blood-cells. In view of this suggestive probability, for absolute proof is scarcely to be expected with our present facilities for investigation, it is evidently important to know whether the effects of other agents which exert a like favorable influence upon the healing process can be partially or entirely accounted for on the same grounds. As one of the most important competitors for favor in antiseptic surgery salicylic acid is the first to suggest itself, and it is of interest to compare the results which Dr. Prudden has ob-

tained from experiments with it with those obtained when carbolic acid is employed.

Dr. Prudden finds that the latter is less inimical, in solutions of the same percentage strength, to the life and functions of the blood-cells than is salicylic acid. For neither upon the slide nor in the blood-vessels or the tissues can the movement of the leucocytes be reëstablished when they have been brought to rest by salicylic acid, and the morphological changes produced by it are much more prompt and marked. It does not of course follow from these experiments that the action of salicylic acid in restraining emigration is peculiar to it in virtue of any properties other than those which it possesses in common with such dilute acids as acetic and hydrochloric, for these also in dilute solution are capable of restraining emigration, although with the exhibition of somewhat different phenomena. It is sufficient to show experimentally that salicylic acid does restrain emigration, and is inimical in strong solutions to the life, and in dilute solutions to the activity of the white blood-cells; and to suggest, as was done in the case of carbolic acid, the probability that some of its favorable effects when applied as a surgical dressing are due to its direct action upon the living white blood-cells.

**FIDDLE-STRING AS A BOUGIE.**—Dr. F. E. Daniel, of Jackson, Miss., failing in a case of very tight stricture to get in the smallest ordinary bougie, used in the emergency a small *fiddle-string*. This passed readily. Being withdrawn in a few minutes it was found to have swollen to nearly twice its previous size. A larger one was then passed and allowed to remain fifteen minutes; this being then withdrawn, the urethra was sufficiently dilated to get in a No. 4, then a No. 6 bougie, and finally a flexible, Nélaton's catheter threaded on a fiddle-string. A second case was equally satisfactory. Dr. D. claims for the fiddle-string (catgut) cheapness, simplicity, availability, harmlessness, strength, and rapid expansion.—*Maryland Med. Journal*.

**PESSARY IMBEDDED IN VAGINAL TISSUE.**—At the meeting of the New York Pathological Society, held November 23d, Dr. Wendt exhibited a specimen of a vagina in which a pessary was imbedded. It had been introduced ten years previously, and the vaginal tissue had grown over it so that it was impossible to remove it. There were evidences of metritis and perimetritis.—*Med. Gazette*.

## Selections.

**Uterine Massage.**—The practice of shampooing is an old one; in some cases it has done, and continues to do, good service. It has for its object the friction and kneading of the skin and deeper parts, with a view to modifying their nutrition. It is carried out by a skilled nurse. Though usually applied to the limbs its application is not necessarily limited to them. But is this uterine massage? Like many other new words this one belongs specially to the department of gynecology. The subjects for uterine massage, then, are females, and for its application we refer to its advocates. We learn from them that it is indicated in certain uterine enlargements when not too inveterate, and when accompanied by all the varied sympathetic affections for which this small but all-governing, and we might almost say omnipresent, organ is answerable. The simplest form of performing uterine massage is the abdominal. The patient is laid supine, the bladder is emptied, and the skin first and the deeper parts afterward are manipulated. The massage of the skin occupies five or ten minutes, and that of the uterus and ovaries twenty or thirty, "or until the patient becomes weary." In some cases several days are required to overcome the sensitiveness of the abdominal walls, though the uterus itself may not be tender. But if the uterus is not above the pelvic brim bimanual massage is required, either per rectum or per vaginam. Bimanual massage per rectum and per hypogastrium is seldom applicable, on account of the pain caused by the presence of two fingers in the rectum. We come therefore to vagino-abdominal massage. This is performed with two fingers in the vagina and one hand on the abdomen. The cervix uteri is first pulled gently forward and allowed to fall back six or more times; the uterus is then gently squeezed between the two hands in all its parts; the directions for doing this are minute and elaborate. The uterus should also be frequently pushed up and held up in the pelvis by the fingers in the vagina. The whole proceeding should occupy from ten to thirty minutes, "according to the sensitiveness of the pelvic structures and the degree of tolerance on the part of the patient; it is better not to attempt too much at one time, or we may by producing pain . . . find ourselves obliged to suspend the treatment for some days, and thereby lose time."

We see then that uterine massage is recommended in certain maladies which may entail discomfort and ill-health, but which are not dangerous to life; that as a therapeutic agent it claims to do as much as, but not more than many remedies, such, for instance, as ergot; and that like medicines or baths it requires to be carried out for some time, a solitary application not being apparently worth consideration. Can it be practiced by a nurse? It is obvious that its advocates do not so recommend it, even if the elaborate manipulations of abdomino-vaginal massage could be carried out by any but the medical attendant. The question at once arises whether shampooing is ever the province of a medical man in any form. But a further consideration is suggested by the remark of a supporter of uterine massage that certain practitioners who have found it successful "possess a degree of personal so-called magnetism which does not fall to the lot of many men, and by which they are enabled to command all those psychical aids on the part of their patients which are sometimes quite as essential in the cure of disease as are remedies of a more material

character." Here, we confess, our suspicions of the new-comer can no longer be concealed. It seems then that for a class of uterine diseases not dangerous to life a woman is to be subjected to repeated, prolonged, and elaborate manipulations, for the description of which we refer to the account of "abdomino-vaginal massage" quoted above; and that instead of encouraging in the patient a spirit which is surely essential to her moral, if not to her physical health—a spirit of self-help and independence—she is to be subjected during these manifestations to whatever "personal so-called magnetism" and "psychical" influences her medical attendant may be so fortunate as to possess. We are glad that so far this practice does not seem to have crossed the Atlantic.

Whether uterine massage may or may not reduce the size of the womb more quickly than other therapeutic measures, we think a patient would do wisely to prefer to keep her hypertrophied uterus rather than to purchase a slender and uncertain additional chance of parting with it at the certain price of a remedy savoring so strongly of quackery, if not something worse.—*London Lancet.*

**Locomotor Ataxy following Smallpox.**—At a general meeting of the Harveian Society of London Dr. C. G. Henderson read the notes of a case of confluent smallpox followed by ataxy. The patient, Mr. George A., aged thirty-six, was admitted to the St. Pancras Tent Hospital on May 27, 1881. His temperature, which had ranged between 100° and 102° F., rose suddenly on May 31st, reaching in a few hours 107.8 F., and he was then immersed in a bath at a temperature of 68° for fifteen minutes. His temperature was then 96°, but it rose gradually in the course of the next eighteen hours to 104.4°, and the bath was repeated. No hyperpyrexia or other complication followed, but convalescence was much protracted, large bullæ having formed on the soles of both feet, leaving scabs which separated very slowly. On the 18th of July when he began to get up he suffered from numbness and tingling of the feet, hands, and legs. The knee-jerk and ankle-clonus, as well as the skin reflexes, were absent, and he lost his balance when the eyes were closed. No myosis was present. After leaving the Tent Hospital he attended as an out-patient at University College Hospital. He slowly gained power in his legs, but when last seen the knee-jerk was still absent. Dr. Henderson referred to similar cases recorded by Landouzy and others, and considered the lesions causing the patient's symptoms were probably analogous to those found in diphtheritic palsy and other forms of paralysis noticed after acute diseases. They differed from those of true locomotor ataxy in the more favorable course which they took, ending, in the majority of cases, in recovery.—*British Med. Journal.*

**Bromismus.**—Dr. Lowry relates the case of a woman who, being epileptic, took daily during her pregnancy thirty grains of bromide of potassium. After her confinement the child was observed to be constantly sleeping, awaking but twice in the twenty-four hours. It rapidly got thin. At twenty days old he had the appearance of a little withered old man. The heart beat only eighty-six in the minute; the number of respirations did not exceed ten. The urine revealed traces of the salt. These phenomena being noted the child was put under treatment, and in a few days all the symptoms of bromismus disappeared.—*Med. Press and Circular.*

**Absorption from the Stomach.**—The phenomena of absorption from the stomach have been studied experimentally by Tappeiner by ligaturing the pylorus of cats and dogs, and injecting into the stomach by means of an esophageal tube certain quantities of definite solutions. Of grape sugar and sulphate of soda scarcely any was absorbed at the end of three hours. Even of peptone only one tenth was absorbed. Strychnia remained unchanged in the stomach, whether the pylorus was tied or the vagi divided. If, instead of dissolving the strychnia in water, a weak alcoholic solution was injected, the result was very different. A solution of four centigrams of strychnia in five cubic centimeters of ninety per cent alcohol and fifteen cubic centimeters of water, injected into the stomach of a cat caused death in ten minutes, and a similar result was obtained with a dog, the pylorus in each case being tied. In order to ascertain whether the ligature around the coats of the stomach influenced the absorption the pylorus was occluded by introducing into it through a gastric fistula an india-rubber bag, which was then inflated. The analytical estimation of the absorption under these circumstances was attended with some difficulty on account of the tendency to vomit, but observations with toxic substances showed that absorption was rapid. A dose of chloral hydrate produced sleep in ten minutes, although when the pylorus was ligatured it had little or no effect.—*London Lancet.*

**Successful Case of Thyroidectomy.**—M. Terrillon read a report at the Société de Chirurgie of a successful case of thyroidectomy. A woman twenty-five years of age had a goiter for eleven years. For several years different remedies were tried without success, including puncture followed by injection of iodine, and application of caustics and drainage. She appeared cured for three or four years, but by degrees it returned, and she became subject to severe attacks of dyspnea, and the voice was all but extinct. The tumor was half the size of the closed hand, and divided into three lobes. The skin was adherent, and a capillary puncture gave exit to a sanguineous liquid. The symptoms becoming rapidly worse the operation was decided upon, and for that purpose an incision was made over the lower part of the tumor, comprising the skin which was dissected off the hypertrophied organ. The three lobes were successively ablated, hemostatic forceps being applied to each large vessel as it was opened, and then replaced by a ligature. The ablation of the tumor terminated, three drainage-tubes were placed in the wound, which was partly closed by silver wire sutures. The operation lasted two hours. Reunion by first intention failed in many points, but nevertheless the patient made a good recovery.—*Med. Press and Circular.*

**Cerebral Hyperemia Treated by Baunscheitism.**—Dr. Max Buch says, in *Archiv d. Psych.*:

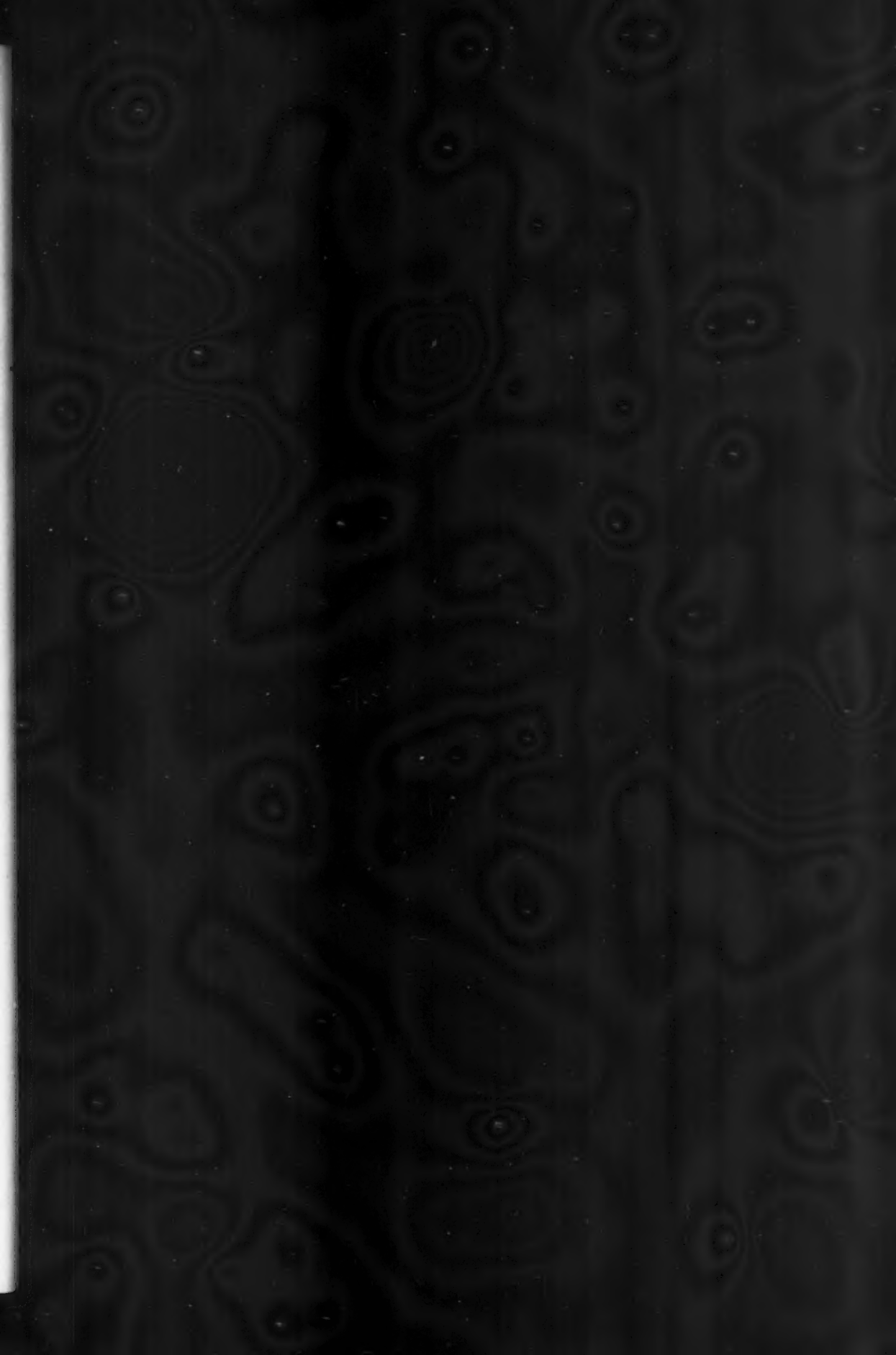
Five cases of headache in which hyperemia of the brain is assumed as the cause without that condition being proved are reported as having been cured by Baunscheitism. By means of the little instrument invented by Baunscheit, which is a cupper, the blades being replaced by needles which are so arranged that they may spring into the skin only through the epidermis, little holes are made along the vertebral canal into which a mixture of equal parts of croton oil and turpentine is rubbed. A papular eruption ensues, which in a few hours becomes pustulous. In three

to four days the pustules dry, and in about a week the skin is normal again. The part should be covered with cotton, and the patient kept in the house for three days. This method is very efficacious without being troublesome or painful.

The mode of action of counter-irritants has been made clear by modern physiological investigations, it having been found by Heidenhain that irritation of a peripheral sensitive nerve causes irritation of the vasomotor center in the medulla oblongata, and consequent contraction of the artery throughout the body. At the same time the rapidity of circulation is increased so that the periphery receives more blood than under normal conditions, and its temperature is raised, that of the interior falling. Schueller found that when a large mustard plaster was applied to the back or abdomen of a rabbit the vessels of the pia mater first dilate and then soon contract, remaining in the latter condition for some time after the plaster is removed. If the initial irritation be slight no dilatation precedes the contraction of the pial vessels. Baunscheitism certainly gives the desired feeble, long-continued irritation, and it may be that when this method passes from the hands of quacks into those of scientific physicians good results may follow its use.—*Pacific Med. and Surg. Jour.*

**Treatment of Tonsillitis and Hypertrophy of the Tonsils by Bicarbonate of Soda.**—Dr. Armangué reports in *Revue de Thérapeutique* seven cases of tonsillitis cured in less than twenty-four hours by the bicarbonate of soda. This method of treatment was introduced by Dr. Giné, Professor of Clinical Surgery, who employed bicarbonate of soda locally by either insufflation, or directly applied by the finger of the patient. The applications should be frequently repeated until the disease disappears. Dr. Giné relates dozens of cases in which a cure was accomplished in less than twenty-four hours, and has never seen this method fail to produce a good effect. The alleviation is almost always immediate, and is never long delayed. Its efficacy is especially marked in the prodromic period of tonsillitis, when it will invariably abort the disease. According to Dr. Giné bicarbonate of soda does not diminish the predisposition to anginas, but only arrests their development. Excision of the tonsils is a useless operation in cases of hypertrophy of the tonsils, since the hypertrophy can be rapidly removed by frequent applications of the salt of soda.—*L'Union Méd. du Canada; Med. News.*

**Iodide of Potassium in Frontal Headache.**—Dr. Haley states, in the Australian Medical Journal for August, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.







# MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 213 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

## LIST OF MALTINE PREPARATIONS.

**MALTINE** (Plain).

**MALTINE** with Hops.

**MALTINE** with Alternatives.

**MALTINE** with Beef and Iron.

**MALTINE** with Cod Liver Oil.

**MALTINE** with Cod Liver Oil and Pancreatine.

**MALTINE** with Hypophosphites.

**MALTINE** with Phosphorus Comp.

**MALTINE** with Peptones.

**MALTINE** with Pepsin and Pancreatine.

**MALTINE** with Phosphates.

**MALTINE** with Phosphates Iron and Quinia.

**MALTINE** with Phosphates Iron, Quinia & Strych.

**MALTINE** Ferrated.

**MALTINE WINE.**

**MALTINE WINE** with Pepsin and Pancreatine.

**MALTO-YERBINE.**

**MALTO-VIBURNIN.**

## MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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**E. S. DUNSTER, M. D.**, Ann Harbor, Mich., Prof. Obs. and Dia. Women and Children University and in Dartmouth College.

**THOMAS H. ANDREWS, M. D.**, Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.

**B. F. HANMEL, M. D.**, Philadelphia, Pa., Supt. Hospital of the University of Penn.

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**HUNTER McGUIRE, M. D.**, Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.

**F. A. MARDEY, M. D.**, Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

**L. P. YANDELL, M. D.**, Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.

**JOHN. A. LARRABEE, M. D.**, Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.

**R. OGDEN DOBENUS, M. D., L.L.D.**, New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.

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**A. A. MEUNIER, M. D.**, Montreal, Canada, Prof. Victoria University.

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**DR. DOBELL**, London, England, Consulting Physician to Royal Hospital for Diseases of the Chest.

**DR. T. F. GRIMSDALE**, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in Hospital.

**WM. ROBERTS, M.D., F.R.C.P., F.R.S.**, Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.

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**W. C. PLATFAIR, M.D., F.R.C.P.**, London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

**W. H. WALSHE, M.D., F.R.C.P.**, Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

**A. WYNN WILLIAMS, M. D., M.R.C.S.**, London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.

**A. C. MACRAE, M.D.**, Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.

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## RECENT INTRODUCTIONS TO THE MATERIA MEDICA.

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## CHEKEN.

(*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an *inhalation* in diphtheria, laryngitis, bronchitis, bronchorrhea, etc.; as an *injection* in gonorrhea, leucorrhea, cystitis, etc.; and *internally* as an aid to digestion, to allay cough, to facilitate expectoration, and to stimulate the kidneys. It is also an astringent and is said to be of great value in hemoptysis.

Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M.D., M.R.C.P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis**, acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

## SIERRA SALVIA.

(*"MOUNTAIN SAGE."*) *Artemisia Frigida.* Fluid extract of the herb. Dose, one to two fluid drams. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous center, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

## PERSEA.

(*ALLIGATOR PEAR.*) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia**. The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of *Persea* seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly indorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that *Persea* has been employed with benefit in the expulsion of tapeworm.

## COCA.

(*ERYTHROXYLON COCA.*) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits**. In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

We prepare Fluid Extracts of all the above drugs.

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